

CORRESPONDENCE

sidious type of carcinoma is devastating and often requires extensive oral or neck surgical operation, or both.

The American Cancer Society, medical associations and officials of the Department of Health, Education, and Welfare have mounted extensive antismoking campaigns to convert cigarette smokers to total abstainers. In contrast, none of these groups recently have pointed out the dangers of "dipping" snuff. Although "the Surgeon General has determined that cigarette smoking may be dangerous to your health," no mandatory hazardous tobacco notice is required on either snuff cans, magazine advertisements or television spots.

Now is the time for the medical community to point out the danger of "pleasurable dipping." Before an "I Quit" campaign is necessary, an appropriate effort must be instituted to counter another cowboy selling campaign.

HOWARD H. FRANKEL, MD, PhD
Huntington Beach, California

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Autoimmune Therapy for Herpes Zoster

TO THE EDITOR: In the December 1978 issue there appeared an excellent article by James B. Reuler on herpes zoster. In the section on therapy, however, he failed to mention a technique that has been in widespread use for many years. The technique for treatment may date back as much as 50 years, and has been called autoimmune therapy. For the past 25 years or more we have found it to be an effective form of treatment for acute herpes zoster. Several hundred patients have been treated in this manner and results have been consistently better than those obtained with any of the other methods of treatment to date. The technique consists of injecting 20 ml of the patient's whole blood (obtained by venipuncture) into the buttocks, 10 ml being injected into each buttock. This is usually done daily for three to four days or it can be done every other day for approximately three times. The herpetic lesions begin to dry up within 24 to 48 hours. This is accompanied by a lessening of symptomatology. There have been no side effects as observed with this treatment to date. I shall not expound the

theoretical basis for this therapy due to a limitation of space.

RONALD M. LAWRENCE, MD, PhD
North Hollywood, California

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Dr. Reuler Replies

TO THE EDITOR: Dr. Lawrence describes an interesting form of therapy for herpes zoster which I had not seen discussed in the literature. Many therapeutic modalities, varying from administration of cobra venom to use of influenza vaccine, have been reported to be successful in the treatment of herpes zoster. However, none has been universally accepted as efficacious. It is important to bear in mind that herpes zoster is usually a self-limited disease, the clinical course of which is relatively brief and without sequelae. Therefore, to ascribe the rapidity of clinical improvement or a decrease in complications to a particular therapeutic regimen demands that a controlled study be undertaken. To date, only idoxuridine in dimethyl sulfoxide, corticosteroids, adenosine-arabinoside (ARA-A) and human leukocyte interferon have proven efficacious in such critical analyses.¹⁻⁴

JAMES R. REULER, MD
Veterans Administration Hospital
Portland, Oregon

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Control of Plague

TO THE EDITOR: We would like to comment on some points in the otherwise excellent Specialty Conference on plague in the November 1978 issue. It was stated that after identification of the campgrounds where the San Diego girl probably contracted her plague, "exterminators" went in to "reduce the infected animal population." Not so; such action would make matters worse because infected fleas would then abandon those hosts and attack others, including man. Rather, measures were taken *with insecticides* [by the state's Vector Biology and Control Section (VBCS), aided by United States Forest Service personnel] against vector fleas in order to break the chain-of-infection among sylvatic rodents and between rodent